

INTERVENTIONAL SPINE & REHAB OF LOUISIANA ISRLouisiana.com PHYSICAL MEDICINE & REHABILITATION A021 WE Heck Ct. Building M-1 Baton Rouge, LA 70816 MARK JOHN, M.D. PHYSICAL MEDICINE & REHABILITATION INTERVENTIONAL PAIN MANAGEMENT

Credit Card on File Billing Authorization Form

Interventional Spine & Rehabilitation of Louisiana (ISRLA) is pleased to offer a convenient and secure method for its patients to pay for the portion of service cost that is their responsibility. Credit card information is kept confidential and secure and payments to credit cards are processed only for copays and other amounts that may be due at the time-ofservice OR after claims have been processed by the insurance carrier and the explanation of benefits received identifies the amount due from the patient. *********************************** I do not wish to enroll in this service. Please complete the following. Patient Name: _____ DOB: ______ Signature: _____ Date: _____ I wish to enroll in this service. Please complete the following in its entirety. Patient Name: _____ DOB: _____ Signature: Date: Please read the following statements carefully and initial next to each statement. I authorize ISRLA to capture my credit card information and securely store on file. ❖ I authorize ISRLA to charge my credit card on file for any balance owing to them for services provided up to \$______ (If you do not wish for ISRLA to run your card for balances owed, please write '\$0.00'). I understand that this authorization is valid until I elect to revoke by signing and dating below or upon receipt of notice in writing instructing ISRLA to terminate this authorization. Written notice must be submitted to Interventional Spine & Rehabilitation of Louisiana, 4021 W.E. Heck Ct. Bldg. M-1, Baton Rouge, I certify that I am an authorized user of the credit card provided and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. Name Shown on Card: Security Code: ______ Expiration Date (MM/YY): _____ ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express Cardholder's Signature: City: Revocation: I revoke the above authorization effective _____:

Patient Name: _____ DOB: _____

Signature:

ISRLouisiana.com PH 225-263-0600 FAX 225-263-0601 4021 WE Heck Ct. Building M-1 Baton Rouge, LA 70816

MARK JOHN, M.D.
PHYSICAL MEDICINE & REHABILITATION
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Credit Card on File Billing Authorization FAQ

Q: How does the automatic billing process work?

A: Your credit card will be captured today and stored securely. After your insurance carrier responds and provides us your remaining balance due we may charge the patient responsibility to your credit card on file, not to exceed the maximum balance due indicated in the agreement. Your credit card on file will only be charged when you have a balance owing on your account or for a non-covered service.

Q: How will I know how much you are going to charge me?

A: You will receive an explanation of benefit from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance paid along with any contractual adjustments.

Q: What if I need to dispute my bill?

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly.

Q: Will I receive a statement or receipt for the charges automatically billed to my card?

A: Not automatically. Your insurance carrier EOB and your credit card statement will be your receipt. You can at any time contact us to have an account itemization emailed to you.

Q: What is a deductible?

A: An annual deductible is the dollar amount you must pay out of your own pocketing during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a \$1,000 deductible, you must pay the first \$1,000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible. Even if you have a high deductible plan we encourage you to have us submit the claim to your insurance so you receive a contractual adjustment and the services can be applied towards your deductible.

Q: Is my credit card secure?

A: Yes, we do not store your sensitive credit card information in our office. Keeping your card on file, offsite, in an encrypted payment gateway actual enhances security because it reduces exposure at each visit.